

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

FOR: Massage Therapy Registration

To renew your registration return this document postmarked on or before the due date with the appropriate fee made payable to the Texas Department of Health. **FEES MUST BE PAID BY PERSONAL CHECK, CERTIFIED CHECK OR MONEY ORDER.**

REGISTRATION NUMBER: _____ **A late fee of \$20.00, for a total of \$63.00, will be applied after the due date.**
RENEWAL AMOUNT DUE: 43.00 **If over 90 days late, a late fee of \$40.00 for a total of \$83.00 will apply.**
DATE DUE BY: _____

You have one year after your expiration date to renew. If you do not renew within this year, you may obtain a new registration by reapplying under the current rules and passing the written and practical exams.

Please update the following information if incorrect:

ADDRESS CORRECTIONS: _____ HOME PHONE: (____) ____ - ____

Total Number of CE Hours completed in the 12 months preceding this renewal: _____

The following information **must** be provided: Correct SSN# _____ - _____ - _____

Primary Place of Employment: (**DO NOT** put N/A. If unemployed, state so.)

Employer: _____ Work Telephone: _____

Street Address: _____ (____) ____ - ____

City, State, Zip: _____

Type of Business: _____

If yes to either question, give date and attach a copy of the charges and disposition papers.

(1) Have you been convicted of a felony or misdemeanor in the last 12 months?

YES (____) NO (____)

(2) Have you entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony in the last 12 months?

YES (____) NO (____)

Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.

NOTE: If your name has changed, submit a copy of the legal name change document.

Signature: _____ Date: _____